

CITY OF GLENDALE — BUILDING AND SAFETY

633 E. Broadway rm 101 Glendale, CA 91206 (818) 548-3200, (818) 548-3215 fax

APPLICATION FOR BUILDING PERMIT / PLAN CHECK EXTENSION

Plan Checks shall expire one-year after the submittal date. Permits shall expire 180-days after the date of issuance if substantial work has not been commenced, completed, inspected, and approved. Additionally, permits shall expire if at any time after work has commenced, further substantial work is not completed during any 180-day period. To be considered work must be inspected and approved by your Building Inspector. Once expired any documents submitted to the department shall be returned to the applicant or destroyed by the Building Official and the plan check fee forfeited to the City of Glendale. Upon request, if received prior to expiration the Building Official may extend the period of permit or plan check. Please be advised that applicants are <u>not</u> entitled to an extension and this application may be denied or altered, including the imposition of conditions, at the discretion of the Building Official.

Date:

PROJECT ADDRESS, CITY AND ZIP (<i>Ea</i>	ach address requires sepai	rate application			
APPLICANT'S NAME:	М	MAILING ADDRESS:			PHONE NO.:
E-MAIL ADDRESS					
PROPERTY OWNER'S NAME:	M	MAILING ADDRESS:			PHONE NO.:
E-MAIL ADDRESS					
CONTRACTORS'S NAME	COMPANY NAME STATE LICEN			IO.	CBL EXPIRATION DATE:
If permit issued to a contractor,	contractor's license al	nd City Busine	ss licer	se must be curi	rent.
Has an extension been granted f	or this project before	?] No	(if yes please	attach a copy of such extension)
Permit / Plan Check Number(s) -	(list each permit or plan	check number)		
Reason for Extension:					
	The extension ap	plication to	e is r	iot refundab	<u>le</u>
Check box that applies:	Na ali Estandian				
Request for Plan Check Extension \$148.00					
Request for Permit	Extension	\$155.00			
Signature:					
★ PLEAS	SE ALLOW A MINI	MUM OF TW	O WE	EKS FOR PRO	OCESSING
	STAFF US	SE ONLY BELO	OW TH	IS LINE —	
Permit / Plan Check No. New expiration date:					
Denied					
Accepted by:	Date:			Receipt No.	